

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER 1ST AMENDMENT      AFTER 2ND AMENDMENT

IND      DEP      IND      DEP      IND      DEP

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TOTAL DEP.

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TOTAL CLAIMS

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS